

Kentucky Secretary of State  
TREY GRAYSON

Division of Corporations  
BUSINESS FILINGS

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
<http://www.sos.ky.gov/>

Statement of Registration or Renewal REG  
of Limited Liability Partnership

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies for registration or renewal as a limited liability partnership on behalf of the partnership named below and for that purpose submits the following statements:

1. ☐ Registration (CHECK ONE) ☐ Renewal

2. The name of the limited liability partnership is \_\_\_\_\_.

3. The state of formation for the Limited Liability Partnership is Kentucky.

4. The principal office address is \_\_\_\_\_.

Address

City

State

Zip Code

5. The number of partners is \_\_\_\_\_.

6. The names of the partners are

Name of Partner

Name of Partner

Name of Partner

Name of Partner

Name of Partner

Name of Partner

(Attach a continuation sheet , if necessary)

7. The nature of the business of the partnership is \_\_\_\_\_.

(Brief Description)

The statement is executed by

Signature

Print or type name and title

Date

Signature

Print or type name and title

Date

Signature

Print or type name and title

Date

Signature

Print or type name and title

Date

## Registration or Renewal of Limited Liability Partnership Filing Instructions

**REGISTRATION OR RENEWAL** deadline, since the Secretary of State is not obliged to send renewal statements.

If the limited liability partnership is applying for registration or renewal as a domestic LLP, check the appropriate block.

### NAME OF REGISTERED LIMITED LIABILITY PARTNERSHIP

A limited liability partnership name must contain the words "Registered Limited Liability Partnership" or the abbreviation "LLP" as the last words or letters of its name.

### PRINCIPAL OFFICE ADDRESS

State the principal office address.

### NUMBER OF PARTNERS

State the total number of partners of the partnership.

### NAMES OF PARTNERS

State the names of all partners of the partnership. Attach a continuation sheet, if necessary.

### NATURE OF BUSINESS

The partnership must give a brief description of the nature of the business in which it is engaged.

### WHO MAY SIGN

The statement must be signed by a majority in interest of the partners or by one or more partners authorized to execute the statement.

### NUMBER OF COPIES

Submit the original signed statement and one exact or conformed copy. (May be a photocopy)  
One file-stamped copy will be returned to the registered limited liability partnership as evidence of filing.

### FILING FEES

The filing fee for registration or renewal statement is \$200.00.

Your check should be made payable to the "Kentucky State Treasurer".

### MAILING ADDRESS

Trey Grayson  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718

### OFFICE LOCATION

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601

### WEB SITE ADDRESS

Our home page address is [www.sos.ky.gov](http://www.sos.ky.gov)

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For name availability, call (502) 564-2848, press 2, and then press 1.

For further information, call (502) 564-2848, press 2, and then press 3 or try our web site.

**NOTE:** Registration of a limited liability partnership is effective for one year from the date it is filed with the Secretary of State. Registration must be renewed annually. A renewal statement must be filed with the Secretary of State during the sixty-day period before the statement expires. A renewal statement filed with the Secretary of State renews the registration for one year from the original file date of registration. The partnership should arrange its own reminder of the renewal